

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/		/		/		51		
2	/		/		/		52		
3	/		/		/		53		
4	3		/		/		54		
5	3		/		/		55		
6	3		/		/		56		
7	/				/		57		
8	/				/		58		
9	/				/		59		
10	/				/		60		
11	/				/		61		
12					/		62		
13					/		63		
14	/				/		64		
15	7		/		/		65		
16	7		/		/		66		
17	7		/		/		67		
18			/		/		68		
19			/		/		69		
20			/		/		70		
21			/		/		71		
22	.		/		/		72		
23			/		/		73		
24			/		/		74		
25			/		/		75		
26			/		/		76		
27			/		/		77		
28			/		/		78		
29			/		/		79		
30			/		/		80		
31			/		/		81		
32			/		/		82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			9		9		TOTAL IND.		
TOTAL DEP.			22		21		TOTAL DEP.		
TOTAL CLAIMS			31		30		TOTAL CLAIMS		